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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 6730.018.NPUS00	
In re Application of AKERLUND, Roger et al.			
	Application Number 10/063,159		Filed 03-26-2002
	For Method and Assembly for Fluid Transfer and Drug Containment		
	Group Art Unit 3767	Examiner	Schell, Laura C.
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and appropriate non-small-entity fee are as follows (check time period desired):			
One month (37 CFR 1.17(a)	(1))		\$_120.00
Two months (37 CFR 1.17(a)(2))			\$
Three months (37 CFR 1.17(a)(3))			\$
Four months (37 CFR 1.17(a)(4))			\$
Five months (37 CFR 1.17(a)(5))			\$
Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Commissioner has already been authorized to charge fees in this application to a Deposit Account. The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 14-1437 I have enclosed a duplicate copy of this sheet. I am the □ applicant/inventor □ assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). □ attorney or agent of record. □ attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). Registration on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
February 27, 2007 Date	\$ignature		
Date	V -	.ui C	
	Tracy W. Druce Typed	or printe	d name
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
Total offorms are submitted.			